DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200209420-1

As a below named inventor, I hereby declare the My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

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joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
USE OF STYRENE-MALEIC ANHYDRIDE COPOLYMER TO CONTROL BLACK-TO-COLOR BLEED					
the specification of which is attached hereto unless the following box is checked:					
(x) was filed on Jul 28, 2003 as US Application No. or PCT International Application					
Number 10/628966 and was amended on (if applicable).					
I hereby state that I have re including the claims, as ame disclose all information which	ended by any amendmen	t(s) referred to abov	above-identified specification, e. I acknowledge the duty to FR 1.56.		
Foreign Application(s) and/or Claim of Foreign Priority					
I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:					
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
			YES: NO:		
			YES: NO:		
Provisional Application	tle 35 United States Code Sec	tion 119(a) of any United	States provisional application(s) listed		
below:	tie 55, Office States Sode Sec	ction 175(e) of any officed	otates provisional application(s) listed		
	APPLICATION NUMBER	FILING DATE			
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
APPLICATION NUMBER FILING DATE STATUS (patented/pending/abandor		patented/pending/abandoned)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:					
Customer Numb	er 022879	Place Customer Number Bar Code Label here			
Send Correspondence to: Direct Telephone Calls To:					
HEWLETT-PACKARD COMPANY Intellectual Property Administration W. Bradley Haymond					
P.O. Box 272400 Fort Collins, Colorado 80527-2400		541 715 0159			
made on information and but with the knowledge that we	pelief are believed to be willful false statements er Section 1001 of Title	true; and further that and the like so ma 18 of the United Sta	are true and that all statements at these statements were made ade are punishable by fine or ates Code and that such willfulnt issued thereon.		
Full Name of Inventor: Patricia A Wang		Citizenship: US			
Residence: 5541 Springwood Ave SE Salem, OR 97306 US					
Post Office Address: same as residence					
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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ATTORNEY DOCKET NO. 200209420-1

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Full Name of joint inventor:	Alexey S Kabalnov	The same of	Citizenship: US	
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inventor's Signature	•	Date	A.K. 11-18-2003	
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:	· · · · · · · · · · · · · · · · · · ·			
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
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Residence:				
Post Office Address:				
Inventor's Signature				
inventor 3 digitature		Date		
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Residence:			Citizenship:	
Post Office Address:				
Tool office Address.				
Inventor's Signature		Date		
Full Name of joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
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